MOBILIZATION

LOST/DAMAGED EQUIPMENT NOTICE

This form should be attached to the **EQUIPMENT REPORT**

For reimbursement, use a **FIRE AGENCY EXPENSE INVOICE**

Request # M
Mission #
Event Name:

Federal ID Number

Fire Agency_____

Fire District #_____ Phone # _____

Loss/Damage Description **If additional space is needed use a "SUPPLEMENT" form.**

Date: Time:	Describe Location and Conditions:
What was Loss/Damage?	
How did being on Mobilization cause Loss/Damage?	
Person in charge at time of Loss/Damage: Mobilization Position: Witness, if any:	Witness' Mobilization Position:
I certify under penalty of perjury under the laws of the state of Washington that the information provided here is true and accurate. Signature	Date & Request Number

Mobilization Incident Team Review Section **If additional space is needed use a "SUPPLEMENT" form.**

Person Reviewing this Loss/Damage Claim: Incident Team Position: Home Agency:	Phone:
Describe Investigation (confirm against inventory list)	
State your Concurrance or Nonconcurrance with claim and explain why. Signature	Date & Request Number

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